Form MDCTA
Medical Device Credit Transfer Application

2014

Massachusetts Department of Revenue

For calendar year 2014 or taxable year beginning **and ending**

Medical device company name | Federal Identification or Social Security number

Mailing address | City/Town | State | Zip

Name of contact person | Telephone | E-mail address

1 Type of medical device company:
☐ Corporation ☐ Trust ☐ Partnership ☐ Sole proprietorship ☐ LLC ☐ Other _____

2 Medical device credit amount eligible for transfer (amount on line 4 of Form MDCC unused by the medical device company/transferor) **2**

3 Certificate number issued by the Department of Revenue with respect to amount shown in line 2 above (from line 3 of Form MDCC) **3**

4 Amount of medical device credit in line 2 above to be transferred with this application. **4**

5 Amount of financial assistance provided **5**

If the financial assistance is other than in cash, please explain: _____

6 Date(s) financial assistance provided **6**

7 Describe the Massachusetts use(s) to which the private financial assistance will be put: _____

Name of purchasing company | Federal Identification or Social Security number

Mailing address | City/Town | State | Zip

I declare under the pains and penalties of perjury that to the best of my knowledge, the information contained herein is accurate and complete.

Signature | Title of authortized representative | Date

Mail to: **Massachusetts Department of Revenue, Audit Division, 200 Arlington Street, Room 4300, Chelsea, MA 02150, attn.: Medical Device Unit.**

A copy of Form MDCC must be enclosed with this application.

On this day of , 20 , before me, the undersigned notary public, personally appeared , provided to me through satisfactory evidence of identification, which was , to be the person whose name was signed above, and who swored or affirmed to me that the private financial assistance specified in line 5 above has been provided.

Signature of notary public | Date of expiration of commission

Notary seal